U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
	(AUG2-2005)
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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

, ,	1/1/2004 Through: $12/31/2004$	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name DELIANA LELEA-SPEIGHTS	Name UNITED FOOD & COMMERCIAL WORKERS UNION LOCAL 1442	
	Labor Organization File Number 039–918	
P.O. Box, Bldg., Room No., if any P.O. BOX 1750	P.O. Box, Building and Room Number, if any P.O. BOX 1750	
Street 1410 2ND ST., 2ND FLOOR	Street 1410 2ND ST., 2ND FLOOR	
City SANTA MONICA	City SANTA MONICA	
State CA ZIP Code + 4 90406-1750	State CA ZIP Code + 4 90406-1750	
5. Position in labor organization. OFFICE MANAGER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or demonstrary value from an employer whose employees your organization.	erived income or other economic benefit of in represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
	7.b. Amount.	
Street		
City	THE RESIDENCE OF THE PROPERTY	
State ZIP Code + 4	Consideration and Constitution of the Constitu	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Wellana Gelen Freights	on 7/23/2005 310-395-9977	
Form LM-30 (2003)	Date Telephone Number	

Buying received	pergins	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	C. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (A / A)		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Universal Studios Hollywood	Parke Pesses for	
Trade Name, if any:	Carried SOLD	
P.O. Box, Bldg., Room No., if any	Spouse & Self	
Street 100 Universal City Plaza	used on one Saturday	
city Universal City	durina 2004	
State CA ZIP Code + 4 916CF		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
	<u> </u>	

Name of Person Filing Delicina Lelea-S	Deights	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PACIFICARE Trade Name, If any: P.O. Box, Bldg., Room No., If any C 9 46-144 Street: 5816 C B R PORATE AVE City C 4 PRESS State C A ZIP Code +4 9 1630	a. Labor Organizati X b. Trust c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g,	
Name iS.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, If any: P.O. Box, Bidg., Room No., If any P.O. BOX 6010 Street 6425 KATELLA AVE. City CYPRESS State CA ZIP Code + 4 90630-0010	NET WORK HOSPITHL 11.b. Approximate dollar value 12.a. Nature of interest held Concert at 4/2/05 for	of such dealing.#87,880,292 .	
	а	3	
 Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 	r parts A and B above) or other thing of value.		
I3.a. Name and address of Employer or Labor Relations Consultant (Including trade name, If any). Name: Trade Name, If any: P.O. Box, Bidg., Room No., If any Street City	14.a. Nature of payment.		
State ZIP Code + 4	:	,	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	THE COLUMN AND THE PROPERTY OF THE COLUMN ASSESSMENT OF THE COLUMN ASSE	
		* **** *	

Name of Person Filling DELIANI - LELEA - SPEIGHTS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name BLUE CROSS OF CAMPORNIA			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any	X b. Trust		
P.O. Box, Bidg., Room No., If any	c. Employer		
Street 21555 OXNARD St, MIS AC-PC City WOODLAND HILLS			
State CA ZIP Code +4 9/367			
State CF ZIP Code + 4 9/36/			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:	HEALTH CAME NETWORK		
	BENEFIT FUND TRUST		
P.O. Box, Bldg., Room No., If any P.O. BOX 6010 Street 6425 KATELLA AVE.	BENEFIT PURE TIONS		
The second secon	11.b. Approximate dollar value of such dealing. #3, 764,116.		
City CYPRESS	12.a. Nature of interest held or income received.		
State CA ZIP Code + 4 90630-0010			
,	lunch		
	MARCH 24, 20004		
	12.b. Amount. \$\daggeq 30		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.		
Name :			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	:		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Denang PCIEG	Deigh Inglander 0.	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	····	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name .		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4	in the state of th	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde	or parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Legolands CA	Director's Pay event May 22, 2004 Admission to	
Trade Name, if any:	may 22, 2004	
P.O. Box, Bldg., Room No., if any	7 70	
Street One Legoland Drive	Admission	
city Carls bad	proce & breakfast snough	
State CA ZIP Code + 4 9 2008	price & breakfast snack for Spouse & self	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filling DELIANA LELEA-SPEIGHTS File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust		
Street City State ZIP Code + 4	c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any:			
Street			
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name: AMALGAMATED BAWH	14.a. Nature of payment.		
Trade Name, if any:	lenel		
P.O. Box, Bldg., Room No., if any	Level		
Street 60 S. LOS ROBLES AVE City PASABENA State CA ZIP Code +4 91101	June 1		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

			
Name of Person Filing	DELIAUA	LELEA-SPEIGHTS	File Number U-

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any). HENLTH MYNDGEMENT CENTER Name HMC/EBS	9. Business deals with:		
Trade Name, if any:	a. Labor Organization X b. Trust		
P.O. Box, Bldg., Room No., if any Street: 32 HAMPDEN St, 2ND floor	c. Employer		
City Spring Pield			
State MA ZIP Code +4 01103			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:	PROVIDED TRUST WITH SERVICES FOR MENTAL HEALTH AND REHAB.		
P.O. Box, Bldg., Room No., if any P.O. BOX 6010			
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. #2,275, 9216		
City CYPRESS	12.a. Nature of interest held or income received.		
State CA ZIP Code + 4 90630-0010			
	lunch June 9th		
	June 9th		
	12.b. Amount. #30		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.		
Name :			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
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City			
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing	C 4/10 - 1		
Name of Person Filing Deliana Leleg	- Jeekhts File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	****		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
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Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11 b Approximate della color of		
City	11.b. Approximate dollar value of such dealing.		
0l	12.a. Nature of interest held or income received.		
State ZIP Code + 4	!		
	12.b. Amount.		
C. Booolived from any complexity (4th and			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) vor other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Sla World	Director's Day Event		
Trade Name, if any:	Admirssion to		
P.O. Box, Bldg., Room No., if any			
Street 2401 Gast Katelle Are	Park and breakfast		
city Suite 605	for Spouse & Self		
State CA Angheim ZIP Code + 4 92806	JON STORES & SOLL		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. 120 -		

A CONTRACTOR OF THE CONTRACTOR			
Name of Person Filling DELIBNA LEVER-S	PE1'6HT5 File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seliing or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., If any	c. Employer		
Street	Transfer Acousticity Ac		
City :			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name i			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	Add Annual and Additional and Total Conference of the Conference o		
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name: AMALGAMATED BAWTC			
Trade Name, If any:	Kleneh		
P.O. Box, Bldg., Room No., if any	b-25-07		
Street 60 S, LOS ROBLES AVE	/		
CITY PASA BENA			
State CA ZIP Code + 4 91191	· · · · · · · · · · · · · · · · · · ·		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PATTERSON CAPITAL CORP.		
Trade Name, if any:	a. Labor Organization	
Section 1 to 1	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 2029 Century Park East 5-2950		
City LOS ANGELES		
State CA ZIP Code + 4 90067	. *	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name S.C. UNITED FOOD & COMMERCIAL WORKERS	MONEY MANAGER FOR PENSION FUND	
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:	ONICAN FUND	
P.O. Box, Bldg., Room No., if any P.O. BOX 6010	AEDSIGIO PAIS	
6/9°E 17 Kmin T T T To make the second secon		
The state of the s	11.b. Approximate dollar value of such dealing. \$377, 208,	
City CYPRESS	12.a. Nature of interest held or income received.	
State CA ZIP Code + 4 90630-0010		
	July 6-ths	
	lunch	
	12.b. Amount. \$30	
C. Basilian de la companya de la com		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name :		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling DELIANT LELEA - S	PET GHTS File Number U.		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name:			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4.			
	12.b. Amount.		
 Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name GLOBE PLEX CAPITAL L.P.	Λ		
Trade Name, if any:	lunch July 21		
P.O. Box, Bldg., Room No., if any	July 21		
Street 4365 EXECUTIVEDA 5-720	9		
City SAN DIEGO	t .		
State CR ZIP Code + 4 9 2121			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

rando person rang Denara Lelea -	Speight File Number U-
B. Held an interest in or derived income or economic benefit with monetary a substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name PACIFICAZE	9. Business deals with:
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., If any 6946-144	X b. Trust
Street 5816 CORPORATE AVE	c. Employer
City CYPRESS State CA ZIP Code +4 Q1630	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name S.C. UNITED FOOD & GOMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, If any: P.O. Box, Bldg., Room No., If any P.O. BOX 6010	PROVIDES MEDICAL BENEFITS, TO DUR MEMBERS VIA THEIR NETWORK OF DOCTORS AND HOSPITHUS.
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. #87, 880,292.
City CYPRESS	
State CA ZIP Code + 4 90630-0010	12.a. Nature of interest held or income received. CONCERT FOR MY HUSBAND P I ON 8/22/04
	12.b. Amount. \$210-
 Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 	r parts A and B above) or other thing of value.
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
Otty	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	DELIANA	LELEA -	SPEIG	HTC

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., If any	b. Trust	
Street City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name '		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	44.5. Approximate dell'acceptance dell'acceptan	
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4.		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	Figure A and Rightons)	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	
Name FRED ALGER MAWAGEMENT INC		
Trade Name, if any:	l 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
P.O. Box, Bldg., Room No., if any	Runch November 3rd	
Street 111 FIFTH AV.	November 3rd	
City NEW YORK, NEW YORK	ı .	
State NEW YORK ZIP Code +4 10003	A CONTRACTOR OF STREET, A CONTRACTOR OF STREET, AND ST	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. #30	

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Name of Person Filling DELTANA LECEA-S	PEIGHTS File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name UNION LABOR LIFE INSUPANCE	a. Labor Organization		
Trade Name, if any:	X b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street: 1625 EYE ST Now.	or employer		
City WASHINGTON			
State D, C. ZIP Code + 4 2006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name S.C. UNITED FOOD & COMMERCIAL WORKERS	MORT GAGE INVESTMENT		
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any:	FUND FOR PENSION FUND		
P.O. Box, Bldg., Room No., if any P.O. BOX 6010	J FOR JOBS		
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. #64,170.		
City CYPRESS	12.a. Nature of interest held or income received.		
State CA ZIP Code + 4 90630-0010	lunch Nanember 24		
	November 24		
·	12.b. Amount. \$30		
C. Received from any employer (other than an employer covered under			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.		
(Including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	4		
State ZIP Code + 4			

14.b. Amount of payment.

or Consultant

?

13.b. Is the Business an Employer

Name of Person Filing Deliana Lelia - Sa	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PACIFICARE Trade Name, if any: P.O. Box, Bldg., Room No., if any C946-144 Street: 5816 CORPORATE AVE City CYPRESS	a. Labor Organization X b. Trust c. Employer		
State CA ZIP Code + 4 9 8630			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,		
Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, If any: P.O. Box, Bldg., Room No., If any P.O. BOX 6010 Street 6425 KATELLA AVE. City CYPRESS State CA ZIP Code + 4 90630-0010	PROVIDES MEDICAL BENEFITS TO OUR MEMBERS VIA THEIR NETWORK OF DOCTORS AND HOSPITHLS. 11.b. Approximate dollar value of such dealing. \$87,880,292. 12.a. Nature of interest held or income received. LUNCH Methy 12/17/04 12.b. Amount. 37—		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	parts A and B above) or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name: Trade Name, if any:	14.a. Nature of payment.		
P.O. Box, Bldg., Room No., if any			
Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		